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PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty Docket No.: A01290C
TMC/ld

In re application of:
Lyn Hughes

:

Application No.: 10/713,926

: Group No.: 1615

Filed: November 14, 2003

: Examiner: Carlos Azpuru

For: A REDUCED ABUSE ORAL PHARMACEUTICAL DOSAGE FORM

MAIL STOP AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fax No.: 571-273-8300

CERTIFICATE OF FACSIMILE

Sir:

I hereby certify that the following correspondence is being sent by facsimile to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated next to my signature below:

Statement of Previously Filed Amendment and Petition for Extension
Amendment
Petition for Extension of Time

August 4, 2008
Date

Lisa Dawson
Signature

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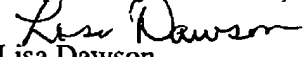
Attention: CARLOS AZPURU

STATEMENT

Dear Sir:

I certify that the an Amendment to the office action of January 11, 2008 was faxed along with a Petition for Extension of Time on April 11, 2008, for your review. As per your telephone conversation earlier today with Tifani Cottingham, a copy of such documents are attached along with the Auto-Reply Facsimile Transmission we received as proof of receipt. We have no intent of abandoning this application. We therefore request your review of the filed Amendment and await your response.

Respectfully submitted,


Lisa Dawson
Rohm and Haas Company
Patent Department

:Auto-reply fax to 2155922681 COMPANY:

Auto-Reply Facsimile Transmission



TO:

Fax Sender at 2155922682

Fax Information

Date Received:

4/11/2008 4:51:24 PM [Eastern Daylight Time]

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Received
Cover
Page

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Examiner: Carlos Azpuru

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Mail Stop Amendment
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Fax No.: 571-273-8300

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Amendment
Petition for Extension of Time

Date April 11, 2008

Rita Dawson
Signature

FILE IN "NOV 14 2003" FOLDER IN THE "Patent" Section of the "USPTO" Building - 4th Floor - Room 4000 - 1000 Independence Avenue, S.W. - Washington, D.C. 20540

TRANSMISSION REPORT
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Commissioner for Patents
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Alexandria, VA 22313-1450

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: Group No.: 1615
: Examiner: Carlos Azpuru**CERTIFICATE OF FACSIMILE**

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